ry experience, patients who by a combination of antipsy- total about 15% of those ng these drugs in skilled nurs- ilities or psychiatric hospitals. probably the experience of the other psychiatrists who, like ntinue to use combined therapy the guidelines to the con-

pe the cited authorities in the ill either explain why these ons are not frequent and/or do present rational use or change advice in their future editions here is seldom indication to e use of antipsychotics with me side effect profile, but there equent indications to combine with different profiles," and be the indications. Only then government reviewers change current "indicator" of inappro- drug prescribing and will clini- be relieved of their current n of being faulted by reviewers rational prescribing practice.

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eply.—Dr Glickman's letter ex- s on the necessarily brief com- we made in our initial answer to question that "various antipsy- c drugs do not differ in specifici- or particular target symptoms, ugh they do differ in side effect les." Systematic studies have not orted the belief that particular psychotic drugs are more effica- s for patients with particular ptoms, eg, agitation.' However, agree with Dr Glickman that the of two antipsychotic drugs with rent adverse effect profiles may etimes be helpful in achieving a er balance between total thera- ic effect and adverse effects. ther this procedure is regularly e beneficial than either dose atment with a single antipsychot- rug or the addition of an antipar- sonian drug is an interesting irical question that can be settled by a carefully controlled re- rch trial. We are not aware that n a study has been done.

Given the present state of knowledge about this issue, we believe that the concomitant use of two different antipsychotic drugs should be a matter for the clinical judgment of the prescribing physician. Most important are the identification of indications for the use of antipsychotic drugs, monitoring for adverse effects, and careful assessment of the need to continue treatment with these drugs for more than a few months.'

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1. Davis JM. Antipsychotic drugs. In Kaplan HI, Freedman AM, Sadock BJ (eds) *Comprehensive Text- book of Psychiatry*, ed 3. Baltimore, Williams & Wilkins Co, 1980, pp 2261-2282.
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Costs and Benefits of Cesarean Sections

To the Editor.—Dr Sachs et al' made a nice contribution with their article on cesarean section. The cost-morbidity angle of studies on the delivery of low-birth weight and breech infants needs to encompass those infants who do not die but have permanent neurological damage and live a very long time at a tremendous expense.

G. E. Tom Hansen, MD
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1. Sachs BP, McCarthy BJ, Rubin G, et al. Cesarean section: Risk and benefits for mother and fetus. *JAMA* 1983;250:2157-2159.

In Reply.—Dr Nabors' kind words are appreciated. We were unable to assess either the cost of long-term care for infants that do not die or the decreased cost for those infants less traumatized because of a cesarean delivery. We therefore emphasized that our study was not meant to be a cost-benefit analysis but an opening shot in a discussion that needs to take place.

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Passive Smoking and Uptake of Carbon Monoxide in Flight Attendants

To the Editor.—There is concern about the health effects of passive smoking.' Because of concern among flight attendants about passive exposure to cigarette smoke during work on commercial aircraft, a preliminary investigation was conducted to search for an increase in expired air (end tidal) carbon monoxide in flight attendants after work. Expired air (end tidal) carbon monoxide was chosen because carbon monoxide concentration is known to vary linearly with the rate of cigarette burning in an environment.'

Volunteers gave their informed consent after the nature of the procedures had been explained to them. Nonsmoking volunteer flight attendants filled out health history questionnaires before flight and recorded their observations during flight. Expired air (end tidal) carbon monoxide was measured before and after each flight for each volunteer. All flights were "turnaround" flights from Los Angeles to Honolulu and back. These flights were of about five hours' duration in each direction, with an hour on the ground in Honolulu.

The volunteers were 16 women between 35 and 48 years of age. Four of them worked in nonsmoking sections only during the flights of interest. There was no increase in the concentration of carbon monoxide in the expired air (end tidal) of these flight attendants during the flights in this study. In fact, their exhaled air carbon monoxide levels decreased by an insignificant amount. When the four attendants who worked in the nonsmoking areas were excluded from the analysis, the results were not altered substantially. These results are consistent with results of a similar study reported in 1983' and an earlier study involving a larger number of subjects.' These results indicate that the concentration of smoke to which flight attendants are passively exposed is too low to alter significantly their expired air carbon monoxide levels. Other possible health effects of such exposure were not addressed

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4. *Report on Health Aspects of Smoking in Transport Aircraft*. Dept of Health and Human Services, December 1981.

Foreign Body in a Meckel's Diverticulum

To the Editor.—A 19-month-old girl infant was seen because of abdominal pain and discomfort. Her mother stated that approximately six weeks ago she had swallowed a penny. Roentgenograms revealed the coin in the right lower quadrant. The patient continued to have intermittent bouts of abdominal pain and vomiting. Serial roentgenograms t... showed no progress... Exploration was u... the coin was foun... diverticulum. The di... with the coin, was ex... tive recovery was u... for a wound abscess... with drainage.

Access to Medical

To the Editor.—In hi... "A New Physician S... Ginzberg' seems to h... lem, NY, will never... "including black p... remark conveys the i... and when Harlem g... this one would be a bi... token, the next phys... into a reservation is... native American. Th... ing is analogous t... famous "separate bu... once applied to our e...

Having asked "Wh... the poor and minor... said that "access to ... system is not to b... access to private pr... therefore encourage... minorities to go to ... rooms and/or seek ... nurse practitioners." ... no longer "separate b... but a more pragma... "some care is better ... all." Soon we woul... doors to the health ... side door for the po... ties!

In either case, Dr ... ommending a drastic ... principles of equalit... Whatever new physic... cy is set up, it shou... rationing services an... deviate from the golde... access to quality care

1. Ginzberg E. A new phys... needed. *JAMA* 1983;250:2621-262...

In Reply.—I share wi... the letter a deep dis... the fact that my co... variance with the ... access to quality ca... referring to *realities* ... anybody else's prefe... ingly, despite the la... physicians entering t... tem, I see little likeli... tioners setting up pri...